SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

SAMHSA PBHCI Cohort VIII Kickoff Webinar

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SAMHSA-HRSA Center for Integrated Health Solutions

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Training & Technical Assistance Coordinator

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integration.samhsa.gov

Got Questions?

Please type your questions into the question box and we will address them.

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Audio

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Questions

[Enter a question for staff]

Send

TEST Learn About Mental Illness-The Mental Health First Aid Action Plan
Webinar ID: 560-005-035

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integration.samhsa.gov

Agenda

- Introduction to PBHCI Key Personnel
- Overview of PBHCI – **RFA SM-15-005**
- Grants Management
- Data Collection and Monitoring
- PBHCI Evaluation
- Resources from the SAMHSA-HRSA Center for
- Integrated Health Solutions

Introduction PBHCI Team

SAMHSA Program and Budget Staff

- Government Project Officer (GPO)
- Grants Management Specialist (GMS)

Training and Technical Assistance Center

- CIHS Regional Liaison
- CIHS Regional Coordinator

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GPO's Role

- Federal representative responsible for overall grant monitoring and grantee compliance to the requirements of the grant award
- Approve all program changes (including budget, project scope, and Project Director & key personnel)
- Review and discuss your quarterly reports
- Review and discuss your CDP data
- Field training and TA requests
- Support you in achieving your program goals!

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Role of the CIHS Support Team

- **CIHS Regional Liaison:**
  - Provides technical assistance and training on a wide variety of topics, including wellness programs, data collection, registries, clinical workflow and more.

- **CIHS Regional Coordinator:**
  - Works with CIHS liaison to coordinate technical assistance.

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Active SAMHSA PBHCI Grantees by HHS Regions

Active SAMHSA PBHCI Grantees by HHS Regions

* Reflect states hosting organizations awarded multiple PBHCI grants

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Northeast PBHCI Regional Cluster

Region 1
15 Grantees

VT ME* (2)

NH (2)

MA* (7)

RI* (1)

CT (2)
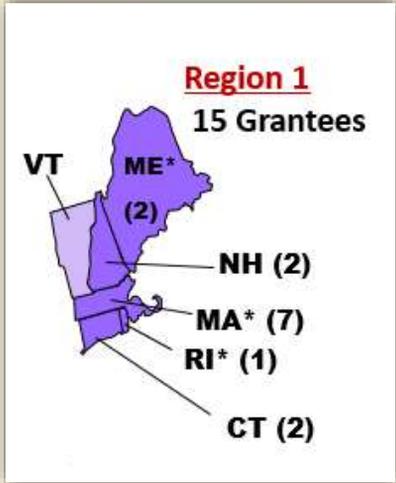
SAMHSA Grant Project Officers:
- Joy Mobley (Region1)
 *Joy.Mobley@samhsa.hhs.gov*

CIHS Liaison:
- *Aaron Williams (MA)*
  AaronW@thenationalcouncil.org

- *Linda Ligenza (CT, ME, NH, RI)*
  LindaL@thenationalcouncil.org

Coordinator:
- Emma Green
  EmmaG@thenationalcouncil.org

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Mid-Atlantic PBHCI Regional Cluster

Region 2
17 Grantees

NY(13)

PA (4)

NJ (4)

DE

WV (3) VA (3)

MD

DC **Region 3**
10 Grantees
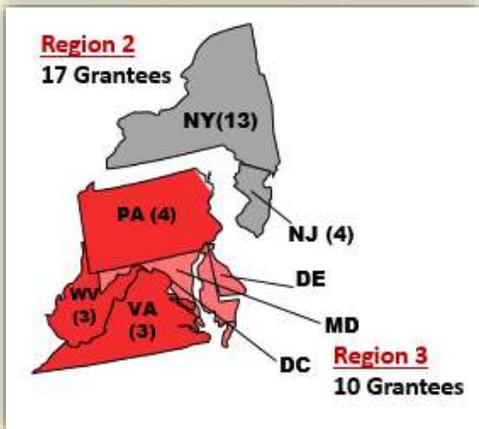
SAMHSA Grant Project Officers:
- Tenly Biggs (Region 2)
  Tenly.Biggs@samhsa.hhs.gov

- TBD (Region3)
  - *Currently supported by Marian Scheinholtz (Marian.Scheinholtz@samhsa.hhs.gov)*

CIHS Liaisons:
- TBD (Region 2)
  Currently supported by Tony Salerno
  TonyS@thenationalcouncil.org

- Brie Reimann (Region 3)
  BrieR@thenationalcouncil.org

CIHS Coordinator:
- Emma Green
  EmmaG@thenationalcouncil.org

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Southeast PBHCI Regional Cluster
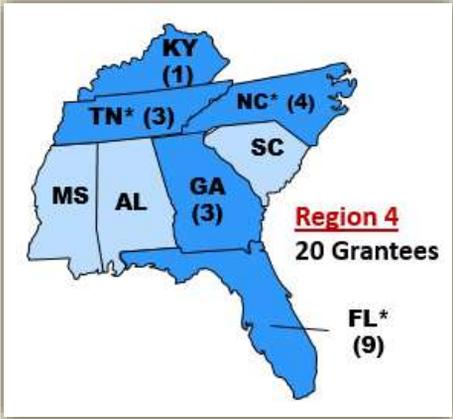
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 *Marian.Scheinholtz@samhsa.hhs.gov*

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  KathyD@thenationalcouncil.org

CIHS Coordinator:
- Rose Felipe
  RoseF@thenationalcouncil.org

Midwest PBHCI Regional Cluster
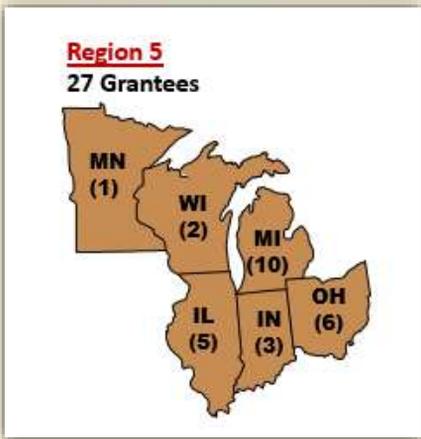
SAMHSA Grant Project Officer:
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  Roxanne.Castaneda@samhsa.hhs.gov

CIHS Liaison:
- Jeff Capobianco
  JeffC@thenationalcouncil.org

CIHS Coordinator:
- Rose Felipe
  RoseF@thenationalcouncil.org

- *Madhana Pandian (MI)*
  MadhanaP@thenationalcouncil.org

Central PBHCI Regional Cluster

SAMHSA Grant Project Officers:
- Joy Mobley (Regions 6 and 7)
  Joy.Mobley@samhsa.hhs.gov

- Roxanne Castaneda (Region 8)
  Roxanne.Castaneda@samhsa.hhs.gov

CIHS Liaison:
- Linda Ligenza
  LindaL@thenationalcouncil.org

CIHS Coordinator:
- Hannah Mason
  HannahM@thenationalcouncil.org

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Western PBHCI Regional Cluster

SAMHSA Grant Project Officers:
- Roxanne Castaneda (Regions 9 and 10)
  Roxanne.Castaneda@samhsa.hhs.gov

CIHS Liaison:
- Aaron Williams
  AaronW@thenationalcouncil.org

Coordinator:
- Hannah Mason
  HannahM@thenationalcouncil.org

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Overview of PBHCI

"As soon as your dentist gets here, we'll begin."

Overview of PBHCI

- *Purpose***:** to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care services in community-based mental and behavioral health settings.

- *Goal***:** to improve the physical health status of <u>adults with serious mental illnesses (SMI)</u> who have or are at risk for co-occurring primary care conditions and chronic diseases.

- *Objective***:** to support the triple aim of improving the health of those with SMI; enhancing the consumer's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

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Overview of PBHCI Requirements

Establish PBHCI Coordination Teams to meet quarterly, which at minimum includes:
- Chief Executive Officer
- Chief Financial Officer
- Chief Medical Director
- Primary Care Lead
- PBHCI Project Director
- PBHCI consumer (must comprise half of entity)

Integration treatment team (at minimum includes):
- Primary care provider (e.g., doctor, nurse practitioner, physician assistant, medical assistant, etc.)
- Nurse care coordinator
- Integrated care manager
- Peer wellness coach
- Co-occurring substance use disorder counselor
- Other: pharmacist, nutritionist/dietician, dentist, occupational therapist)

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Overview of PBHCI Requirements

Core Requirements
- Provide, by qualified primary care professionals, on-site primary care services
- Provide, by qualified specialty care professionals or other coordinators of care, medically necessary referrals
- At least 3 Memorandums of Understanding (MOU)/Letters of Commitment (LOC) with distinct primary care providers delivering services to the applicant's service population. Must address:
  - Data sharing protocols, connection with care coordination activities, relation to the integrated treatment team and associated planning, including the providers' operations.

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Overview of PBHCI Grant Requirements

- **Health Home Services Categories**
    - Care coordination
    - Health promotion
    - Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
    - Individual and family support, which includes authorized representatives
    - Referral to community and social support service, including appropriate follow-up

- **Health Information Technology**
    - Submit at least 40% of prescriptions electronically
    - Receive structured lab results electronically
    - Share a standard continuity of care record between BH providers and physical health providers; and
    - Participate in the regional extension center program

Overview of PBHCI Grant Requirements

Population Health Management
- Use EHR to generate condition-specific reports to use for CQI, reduction of disparities, research & outreach.

- Must use tools to target specific interventions to appropriate populations.

- Implement protocols for sharing client-level data across BH & PC systems.

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Million Hearts Campaign

Health HHS/CMS Million Hearts Initiative ™:

- Supports cardiovascular disease prevention activities across the public and private sectors to prevent 1 million heart attacks and strokes by 2017. The targeted focus is on the *"ABCS" – aspirin for people at risk, blood pressure control, cholesterol management and smoking cessation*

- The PBHCI grant program supports the goals of the Million Hearts™ Initiative in that people with behavioral health disorders are disproportionally impacted by many chronic primary care health conditions, including heart disease and hypertension.

- Million Hearts Campaign has issued treatment protocols for blood pressure. Grantees will be expected to use <u>one</u> of the four protocols recommended by the CDC, which are listed on the next slide

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Treatment Protocols

1. National Heart, Lung and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - Complete Report.* National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004. **(http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7/)**	2. Elements Associated with Effective Adoption and Use of a Protocol Insights from Key Stakeholder. (http://millionhearts.hhs.gov/resources/protocols.html)
3. An Effective Approach to High Blood Pressure Control A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control http://www.sciencedirect.com/science/article/pii/S0735109713060774)	4. Protocol-Based Treatment of Hypertension : A Critical Step on the Pathway to Progress; *JAMA January 1, 2014 Volume 311, Number 1* (http://jama.jamanetwork.com/journal.aspx)

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Overall PBHCI Grant Requirements
Needs Assessment

Needs Assessment – 60 days and annually thereafter
- Behavioral Health Integration Capacity Assessment (BHICA)
- Integrated Practice Assessment Tool (IPAT)
  - At a minimum, have basic collaboration onsite (Level 3) with the goal of full collaboration in a transformed/merged integrated practice (Level 6) by the fourth year of the grant program.

Start-Up
- Service delivery should begin by the 4th month of the project at the latest
- Primary care services must be available 5 days per week by year 2)

CIHS will be providing grantees TA on the BHICA and the IPAT

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Overview of PBHCI Grant Requirements

Sustainability:
- Grantees must submit a sustainability plan in the beginning of Year 2 of their grant, detailing how expanded Medicaid eligibility, available CMS/3rd party billing, and other strategies will be utilized to sustain services post-grant.

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Overview of PBHCI Requirements

Prevention and wellness

- Grantees are expected to implement *evidence-based tobacco cessation and nutrition/exercise interventions*, in addition to other health promotion programs (e.g. wellness consultation, health education and literacy, self-help/ management programs). These programs should *incorporate recovery principles and peer leadership and support,* and must be included in the integrated person-centered care plan.

- Encouraged to set annual targets for reduction in "past 30 days" self-reported tobacco use

- Encouraged to provide a tobacco-free workplace

- Grantees must implement tobacco cessation and nutrition/exercise interventions, in addition to other health promotion programs (e.g., wellness consultation, health education and literacy, self help/management programs).

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Overview of PBHCI Grant Requirements

Must choose at least one EBP from each of the following:

- **Tobacco**
    - "DIMENSIONS Tobacco Free Program" (formerly Peer-to-peer tobacco dependence), Learning About Healthy Living, intensive tobacco dependence intervention for people with SMI
- **Nutrition/Exercise**
    - NEW-R, DART, Solutions for Wellness, Weight Watchers, In SHAPE, Stoplight Diet, ACHIEVE
- **Chronic Disease Self-Management**
    - WHAM, HARP
- **Million Hearts Campaign**
    - CDC protocols

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Overview of PBHCI Grant Requirements

- Screen and assess consumers for the presence of co-occurring mental and substance use disorders.

- Incorporate recovery principles and peer leadership and support.

- Consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate

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Overview PBHCI Grant Requirements

Language of Recovery
- Grantees are expected to incorporate SAMHSA's working definition of recovery as an underlying theme for all PBHCI efforts

"a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential"

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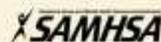
Notice of Award
TERMS AND CONDITIONS

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Notice of Award: Terms & Conditions
Disparity Impact Statements (DIS)

By November 30, 2015, you must:

- Submit an electronic copy of the Disparity Impact Statement to your GPO and GMS.

- *The 3 components that must be included in your DIS are:*
    - 1) Proposed number of individuals to be served by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

    - 2) A quality improvement plan for how you will use your program (GPRA) data on access, use, and outcomes to monitor and manage program outcomes by race, ethnicity, and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the unidentified sub-populations.

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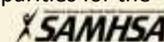
DIS

- 3) The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

- a. Diverse cultural health beliefs and practices;
- b. Preferred languages; and
- c. Health literacy and other communication needs of all sub-populations within the proposed geographic region

For examples of a DIS, please visit: http://www.samhsa.gov/grants/grants-management/disparity-impact-statement

Please refer to Appendix G in Part II of the RFA for definitions regarding disparities and subpopulations

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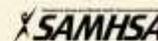
HHS Secretarial Priority #1

Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:

*Program grantees will be required to submit **health disparity impact statements** as part of their grant application*

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

A NATION FREE OF DISPARITIES IN HEALTH AND HEALTH CARE
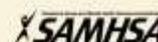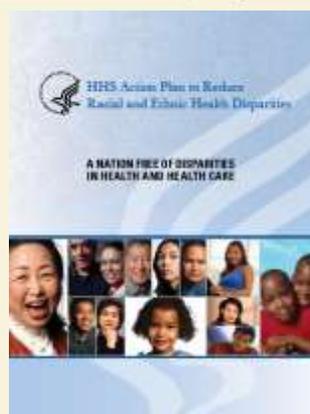
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Disparity Defined

SAMHSA is using the Healthy People 2020 definition to guide the DIS work:

- A health disparity is a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

- **However, identified subpopulation must be from a racial or ethnic minority group or sexual orientation population**, per the Secretary's Action Plan. **The targeted subpopulation should already be in your approved APPLICATION.**

- Focus on disparities in access, use, and outcomes.

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## Data to be Tracked at Grantee Level

Disparities across racial/ethnic populations/LGBT in the grantee in terms of:

- **Access** (# enrolled in grant program; grantees required to project # served in total and #specific to racial/ethnic/LGBT populations as percentage of their service catchment area)

- **Use** (# services used)

- **Outcomes** (# retained; performance on outcome measures disaggregated by race/ethnicity/LGBT)

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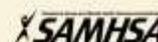
Key Dates

Reports	Send To	Completion Date
Behavioral Health Disparities Impact Statement	Grants Management Specialist (GMS) and Government Project Officer (GPO)	November 30, 2015
BHICA	CIHS	November 30, 2015
IPAT	CIHS	November 30, 2015
Service Delivery Begins		February 1, 2016
Select one CDC protocol	Grants Management Specialist (GMS) and Government Project Officer (GPO)	Please put in your quarterly report, first one due January 31, 2016.
Sustainability Plan	Grants Management Specialist (GMS) and Government Project Officer (GPO)	October 31, 2016

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Grants Management Overview

SAMHSA PBHCI Cohort VIII - Kickoff Webinar

October 21, 2015

Salvador Ortiz
Grants Management Specialist
240-276-1421; salvador.ortiz@samhsa.hhs.gov
Division of Grants Management/Office of Financial Resources (DGM/OFR)

What is Grants Management's Role?

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TOPICS

➢ **Partners**

➢ **Roles (GPO, DGM, PMS)**

➢ **Actions Requiring Prior Approval**

➢ **Process for Requesting Prior Approval**

➢ **Reporting Requirements**

➢ **Annual Budget Constraints**

➢ **How to Apply For The Next 12 Months**

➢ **SAMHSA Grants Management website**

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GRANT NUMBER

➢Please remember to include your
Grant Number (i.e. SM012345-01)
on ALL correspondence (emails,
letters, etc.) submitted to SAMHSA.

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Contact Information – Signature Line

➢In all email communications with SAMHSA,
include the following:

  ➢Name
  ➢Position title
  ➢Organization name
  ➢Contact information (phone number, address)

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Partners

```
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                    │    Recipient    │
                    └────────┬────────┘
          ┌──────────────────┼──────────────────┐
   ┌─────────────┐   ┌─────────────┐   ┌─────────────┐
   │ Government  │   │   Grants    │   │   Payment   │
   │Project      │   │ Management  │   │ Management  │
   │Officer      │   │ Specialist  │   │ Services    │
   │(GPO)        │   │ (GMS)       │   │ (PMS)       │
   │             │   │             │   │ Representative│
   └─────────────┘   └─────────────┘   └─────────────┘
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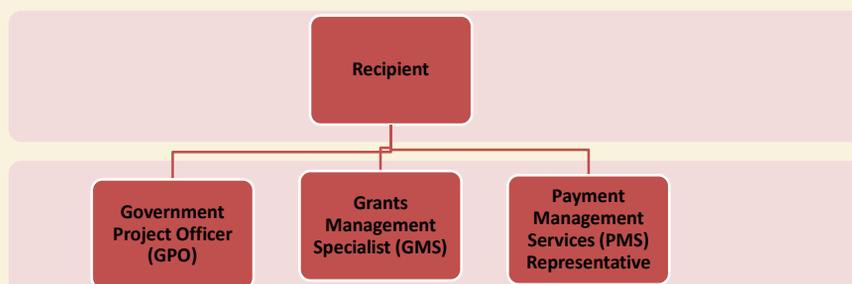
Government Project Officer's Role

- **Government Project Officer (GPO):** The GPO is responsible for the programmatic, and technical aspects of the grants. The GPO works in partnership with the Grants Management Specialist (GMS) throughout the duration of the grant cycle.
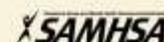
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Division of Grants Management/GMS Role

➤ Partners with **SAMHSA Government Project Officers**

➤ Responsible for business and financial management matters:

  ❖ Award Negotiations
  ❖ Official Signatory for Obligation of Federal Funds
  ❖ Official Signatory for Prior Approvals
  ❖ Monitor fiscal/compliance issues
  ❖ Close-out of the grant

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Payment Management Services' Role

Drawdown of Funds are made through another Federal office:

Payment Management Services(PMS)

Website Address: **www.dpm.psc.gov**

Please visit the "Contact Us" section on the above website to search for recipient's account representative based on organizational entity status.

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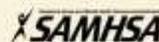
Actions Requiring Prior Approval

- **Key Staff changes:** Any replacement or substantial reduction in effort of the Program Director (PD) or other key staff; positions designated as key staff are defined in the Notice of Award (NoA).

- **Re-budgeting of funds**: Cumulative amount of transfers among direct/indirect cost categories exceeding **25%** of the total award amount or **$250,000**, whichever is less.

- **Transfer of Substantive Programmatic Work to a Contractor**

- **Carryover of Un-obligated Funds above 10%** of the total federal share of the current budget period.

- **Change in Scope**: i.e. reduction in services originally proposed, reduction in number of clients, etc.

- **No Cost Extension:** To permit an orderly phase-out of a project or program.

- http://www.samhsa.gov/grants/grants-management/post-award-changes

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Process for Requesting Prior Approval

- **Request should be submitted via email by Recipient to GMS/GPO:**

  - Address to Grants Management Specialist (GMS) and Government Project Officer (GPO)
  - Reference Grant Number **(e.g. SM-12345)**
  - Provide Programmatic and Budget Justification
  - Signed by both **Program Director** and **Business Official**

- Reviewed by Grants Management Specialist in consultation with Government Project Officer.

- **Approval will be official with a revised Notice of Award.**

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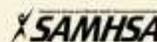
Reporting Requirements

REPORTS	RESPONSIBILITY	SENT TO
Quarterly Programmatic Progress Reports	Recipient Organization	**DGMProgressReports@samhsa.hhs.gov and copy your Government Project Officer (GPO)**
Quarterly Federal Cash Transaction Report (FCTR) **http://www.dpm.psc.gov/grant_recipient/ffr_(fctr)_due_dates.aspx**	Recipient Organization	**Payment Management Services (PMS)** **- submitted online through recipient's PMS account**
Annual Federal Financial Report (SF-425 FFR)	Recipient Organization http://www.whitehouse.gov/sites/default/files/omb/assets/grants forms/SF-425.pdf	**Grants Management Specialist (GMS)** **– scanned signed copy may be emailed to GMS**

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Annual Budget Constraints

Project Period: 9/30/2015 – 9/29/2019

- YEAR 1   9/30/2015 - 9/29/2016
- YEAR 2   9/30/2016 - 9/29/2017
- YEAR 3   9/30/2017 - 9/29/2018
- YEAR 4   9/30/2018 – 9/29/2019

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How to apply for the next 12 months

a) Annually funded recipients:

- Submission of a non-competing continuation application via Grants.gov is required. Detailed instructions will be posted on the SAMHSA Continuation Grants website and will also be electronically mailed to the designated Business Official.

http://www.samhsa.gov/grants/continuation-grants

b) Multi-Year funded recipients:

- Refer to Multi-Year Special Condition of Award for detailed guidance (do not submit via Grants.gov).

- A Federal Financial Report (SF-425) must be submitted semi-annually to the Division of Grants Management (DGM) which reflects the federal, program income and match expenditures, if applicable. ***This applies only to Multi-Year funded recipients.***

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SAMHSA Grants Management Website

Everything you need to know about managing a grant can be found at the following link:

http://www.samhsa.gov/grants/grants-management

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GRANT NUMBER

➢ Please remember to include your Grant Number (i.e. SM012345-01) on all correspondence (emails, letters, etc.) submitted to SAMHSA.

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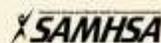
Contact Information – Signature Line

➢ In all email communications with SAMHSA, include the following:

  ➢ Name
  ➢ Position title
  ➢ Organization name
  ➢ Contact information (phone number, address)

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Data Collection & Monitoring

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Census/Enrollment

- **Definition:** The census of individuals is the number of adults with SMI in the targeted geographic area.

- **Expectations, at minimum**
  - Year 1: >10% enrolled (PBHCI services must begin within 6 months of award)
  - Year 2: >25% enrolled
  - Year 3: >40% enrolled
  - Year 4: >50% enrolled

- **Example:** If a grantee has 1000 consumers enrolled in services for their serious mental illness, then the grantee must at minimum, enroll 100 consumers in Year 1, 250 in Year 2, 400 consumers in Year 3, and 500 consumers in Year 4.

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Required Data

- **Quarterly Reports**--GPO
- **National Outcome Measures (NOMs)**— government data collection & monitoring system
- **Infrastructure, Prevention, and Promotion Indicators (IPP)**—government data collection & monitoring system
- **Section H Health Indicators**—government data collection & monitoring system

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Data Collection and Monitoring

Data collection:
- Grantees are expected to collect and report on the following health outcomes (**aka Section H indicators)** at baseline, discharge, and at 6-month intervals:
    - Blood pressure – semiyearly
    - Height and Weight - semiyearly
    - Body mass index – semiyearly
    - Waist circumference – semiyearly
    - Breath CO (carbon monoxide) – semiyearly
    - Plasma glucose (fasting) and/or HgbA1c – annually
    - Lipid profile (HDL, LDL, triglycerides) – annually

- Grantees are also expected to collect the National Outcomes Measures (NOMS) and report on the Infrastructure, Prevention, and Promotion Indicators (IPP) every quarter.

- Grantees are encouraged to collect data more frequently to assess outcomes.

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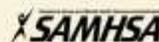
Data Collection Modules

- Annual Goals and Budget Information
- NOMs Client-level Measures for Discretionary Programs Providing Direct Treatment Services (Services Activities)
- Infrastructure Development, Prevention & Mental Health   Promotion (IPP)
- Technical Assistance (TA) Survey

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Annual Goals and Budget Information

- Project Directors enter their grant's performance goals and budget information
- Goals and budget information are entered directly into the government data collection & monitoring system
- Goals are based on existing plans
- GPOs approve goals and budget information
- Data are used in various reports for performance measurement and oversight
- Project Directors can make annual updates thereafter

SAMHSA
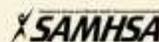
NOMs Client-level Measures for Programs Providing Direct Treatment Services (Services Activities) Module

- Services Activities data is collected via the Client-level Measures (Services) tool

- Data is collected on all consumers that receive services

- All Services Activities data will be entered directly into the Government Data Collection & Monitoring System

SAMHSA
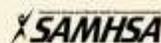
## Infrastructure Development & Prevention and Mental Health Promotion (IPP)

- Collects information on
  - ✓ Program activities
  - ✓ Impact on infrastructure development
  - ✓ Impact on prevention and mental health promotion
- Report on measures selected for your program
- Data can be viewed and downloaded
- Performance report matched to goals

SAMHSA

Technical Assistance (TA) Survey

- Collects information regarding the technical assistance given to grantees by CMHS-funded TA Centers

- Survey questions include

  - ✓ Types of TA received
  - ✓ Content of TA received
  - ✓ Ability to carrying out grant work successfully
  - ✓ Quality assessment and overall satisfaction

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PBHCI Cross-Site Evaluation

GRANTEE EXPECTATIONS

SAMHSA
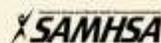
History of PBHCI Evaluation

- Previous cohorts 1-3 had an evaluation completed by RAND Corporation
- Findings from the first evaluation showed some improvement in the physical health indicators, but not all
- Integration models varied across grantees
- **Need extensive and in-depth evaluation of PBHCI to report outcomes and effectiveness of the program for SAMHSA and to Congress**

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What are the goals of the evaluation?

Designed to answer four overarching questions:

1. What services do PBHCI consumers receive?
2. How does integration improve the behavioral health, physical health, and functional outcomes of consumers?
3. What are the "active ingredients" of integration?
4. What successes and challenges (and solutions) do grantees encounter?

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Who is conducting the evaluation?

- Mathematica Policy Research and the RAND Corporation are working together on the evaluation
- Evaluation contract began in September 2015 and ends September 2020
- Data collection begins with your enrollment of PBHCI consumers

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What is required of grantees?

- Collect NOMs and PBHCI physical health indicators from every PBHCI consumer at enrollment and every 6 months after enrollment
- Submit limited set of variables from EHRs/registries
- Participate in brief staff survey
- Small sample of grantees selected for telephone interviews and site visits

SAMHSA

Is technical assistance available?

- Mathematica and RAND will provide evaluation-related TA to help grantees:
  - Monitor the completeness of NOMs and PBHCI physical health data submissions
  - Extract data from their EHRs/registries
  - Troubleshoot other data collection challenges as needed
- TA intended to help minimize data collection burden on grantees and facilitate grantees' own evaluations
- Mathematica and RAND staff will be available via telephone, email, virtual drop-in sessions, and website; stay tuned for more details

SAMHSA
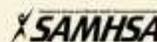
What happens next?

- Grantees will receive invitation for brief evaluation orientation, which will provide more details on:
  - Data submission requirements
  - Timing of data collection and submission
  - Evaluation-related technical assistance
 - Contact information for evaluation staff

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Introduction to CIHS and PBHCI Learning Communities

Laura Galbreath, CIHS Director

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The Big Picture

➤ Make integrated care the national standard of practice

➤ Create and operate world-class technical assistance and consultation

➤ Ensure the success of SAMHSA, HRSA, and state funded PC/BH providers

➤ Disseminate practical tools, resources, and lessons learned

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CIHS Target Audience

SAMHSA Primary and Behavioral Health Care Integration (PBHCI) Program

| |
|---|
| **SAMHSA Minority AIDS Initiative Continuum of Care (MAI-CoC) Program** |

HRSA Behavioral Health Expansion Awardees and other safety-net providers

National Audience: Providers, Policy Makers, Stakeholders

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Connecting the dots…
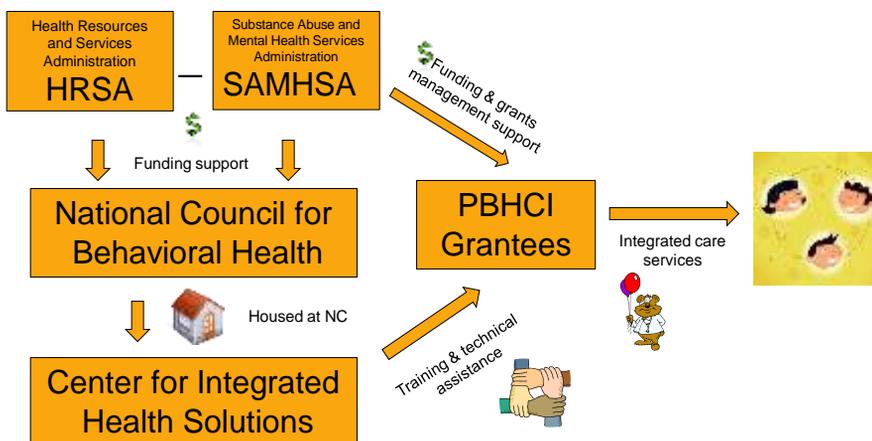
Building the Integrated Health Workforce

Producing and implementing integrated health
education curriculum and resources for

- **Social Worker** Standard of Practice and Field
  Placement
- **Psychiatrists** Working in Primary Care
- **Consumers** serving as Peer Educators
- **Case Managers** as Health Navigators
- **Addiction Professionals** Working in Primary
  Care
- **Primary Care Physicians** Working in
  Behavioral Health Settings
- **Care Management** in Primary Care for current
  Behavioral Health Workforce
- **Mental Health First Aid** in Rural Community
  Health Centers

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PBHCI Learning Communities

What is a Learning Community?

- Group of organizations committed to improving services related to a specific area of quality.

- Members communicate regularly to share their experiences and to learn from each other.

- A team under the CIHS provides guidance and support to members of the learning community.

Why is a Learning Community Important?

- Builds on the collective knowledge and real world experiences of grantees
- Social networking and shared learning encounters are activating
- Efficient and effective method to support widespread practice improvement
- Ensures that the common and unique concerns, challenges and needs of grantees are addressed

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How is the PBHCI Learning Community Organized?

- 185 grants have been awarded and 122 organizations have active grants. The grantees are organized into 6 regional Learning Communities
- Each grantee identifies a core implementation team who interface most closely with their fellow teams in the Learning Community
- Each Learning Community has a Regional Resource Team consisting of a SAMHSA GPO, CIHS liaison, and CIHS Coordinator

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Learning Community Activities:

Face-to-face meetings

Regional Meetings
- Two meetings within the Learning Community region
- Designed to offer grantees opportunities to present on successful efforts, discuss challenge areas and learn from the experiences of other grantees addressing the same challenges

Individual Site Visits
- Select number of grantees based on need and expressed interest

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Learning Communities Activities:

Phone based communication

CIHS Coaching Calls
- Consult with CIHS to explore helpful resources to support integration
- Check in on BHICA and IPAT goals and progress

Individual Technical Assistance
- Phone/video consultation with access to content expertise. Initiated by grantees and/or GPO to address specific concerns and needs

Affinity Group calls
- Project Directors, Primary Care Providers, Nurses, Wellness Coordinators/Peers, CEOs, Evaluators

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Learning Community Activities:

Web-Based Communication

PBHCI Only Listserv
- Quick access to tips and advice from fellow grantees
- Important SAMHSA announcements

PBHCI Webinars
- Monthly topic specific webinars (60 minutes) coordinated through the CIHS and focus on topics of interest to grantees
- Issue Specific Series – Tobacco Cessation, H Indicators

Weekly Email Updates
- Important PBHCI updates
- New resources

PBHCI Website
- Learning Community materials
- Webinar archives

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Clinical	Behavioral Health	Best Practices	Care Coordination	Clinical Guidelines
	Co-Occurring MH & SUD	Health Behavior Change	Medical & BH Screening Tools	Mental Health
	Motivational Interviewing	Pain Management	Primary Care	Telemedicine
	Trauma			
Consumer Engagement	Community Educators	Consumer Inclusion	Family Inclusion	Peer Educator
	Peer Support Specialist	Recovery	Shared Decision Making	Wellness Coaches
Finance	Billing Tools	Medicaid	Medicare	Private Payers
	Self-Pay	State Specific Models	Sustainability	Uninsured
Health IT	Data Sharing	EHRs	Interoperability with Primary Care Partners	
	Meaningful Use	Patient Registries	Workflow	
Integrated Care Models	Behavioral Health in the Primary Care Setting	Bi-Directional Healthcare Integration	Choosing a Model	Person-Centered Healthcare Homes
	Primary Care in a Behavioral Health Setting	Review of Different Models		
Operations	Access and Retention	Confidentiality	Contracts/MOUs	FQHC Scope of Work Change
	Medical Space Guidelines	Organizational Change	Policies & Procedures	Workflow
Performance Measurement	Assessment	Data Collection	Data Management	Quality Improvement
Policy	Affordable Care Act	Federal Policy	State Policy	
Special Populations	Children/Adolescents	Cultural Competency	Homeless	Military/Veterans
	Older Adults	Racial/Ethnic Populations	Rural Communities	Uninsured
Substance Use	Medication-Assisted Treatment	SBIRT	Substance Use Prevention	Substance Use Treatment
Wellness, Peer Support & Resiliency	Cognitive Skills to Avoid Negative Thinking	Diabetes Management	Healthy Eating	Health Risk Screening
	Physical Activity	Restful Sleep	Service to Others	Stress Management
	Tobacco Cessation	Weight Management	Wellness Informed Care	Whole Health Self-Management
	Whole Health Action Management Training (WHAM)			
Workforce & Training	Behavioral Health Staff in Primary Care	Case-to-Care Navigator Training	Continuing Education	Graduate Education
	National Health Service Corps	Primary Care Staff in Behavioral Health	Staff Retention	State Licensure Requirements

Essential Information for Cohort VIII: Webinars

- Project Management- Workflows and Communicating for Buy-in From Consumers and Staff – *November 4, 2015*

- Selecting and implementing evidence based practices – *November 18, 2015*

- Understanding and Using Data to Inform Outcomes – *December 2, 2015*

- Strategies and Workflows for Consumer Engagement and Retention *– December 16, 2015*

  30 minute presentations and 30 minute Q & A

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Looking ahead…..

- Guidance on completing assessments (Due 12/1)
- Guidance on Health Disparities Statement (Due 12/1)
- Coaching Calls (Early December)
- Regional Meetings (January-March)
- Friday PBHCI eNewsletter (Every Friday)
- Website Updates and Listserv News
- Monthly PBHCI webinars – 3rd Friday of month

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For More Information & Resources

**Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org**

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Questions and Answers

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